

AFFIRMATIVE MARKET PROGRAM (AMP) FORM



Affirmative Market Program

Commonwealth of Massachusetts

Pursuant to Executive Order 390, any contract with a potential financial benefit of \$50,000 or more requires a bidder to complete applicable sections of this form and include the required attachments for consideration in the scoring of their submission for any contracting opportunity with the Commonwealth of Massachusetts.

Bidder Name: _____

RFR Name/Title: _____ RFR Number: _____

Contact Name: _____

Phone: () _____

Fax: () _____

Email address: _____

Company Address: _____

Is Bidder SOMWBA Certified? Yes No

Bidders must submit one form for each M/WBE Business Relationship

The bidder's business relationship is with:

Please Check (Only One Per Form): _____ MBE _____ WBE _____ M/WBE _____ M/W Non Profit

SOMWBA Certification Expiration Date (Copy of SOMWBA certificate must be attached): _____

Check type of business relationship that applies. Agencies may consider requiring all or some of the following components as part of the AMP Plan submitted by bidders.

_____ 1. Subcontract: verification of expenditure commitments.

_____ 2. Growth & Development: plan for education, training, mentoring, resource sharing, other initiatives.

_____ 3. Ancillary: verbal or written expenditure commitments

_____ 4. Past Performance: past expenditures with certified M/WBEs for previous 2 years.

_____ 5. Additional Creative Initiatives: description needed: _____

1. Please complete this Section if the business relationship is Subcontract:

Committed Expenditures: Year 1: \$ _____

Benchmark: Year 2: \$ _____ Year 3: _____ Year 4: \$ _____ Year 5: \$ _____

Note: All expenditures for Subcontractors require a contract agreement between Bidder & M/WBE.

Description of commodities or services acquired from subcontractor (attach additional pages as necessary): _____

2. Please complete this section if the business relationship is Growth & Development:

Please provide a narrative here that describes your approach in building the capacity of the M/WBE, including deliverables or measurable outcomes and anticipated dates of completion which can be validated during the contract. (Attach additional pages as necessary): _____

3. Please complete this section if the business relationship is Ancillary:

Committed Expenditures: Year 1: \$ _____

Benchmark: Year 2: \$ _____ Year 3: \$ _____ Year 4: \$ _____ Year 5: \$ _____

Total \$ _____ for all years with a written contract.

Total \$ _____ for all years with a verbal agreement.

Description of commodities or services M/WBE will provide (continue on additional pages as necessary): _____

4. Please complete this section for consideration relating to Past Performance (or spending with certified minority- or women-owned businesses):

Expenditures for the past 2 years: \$ _____ in Year 200____ ; \$ _____ in Year 200____.

Description of these expenditures for commodities or services (continue on additional pages as necessary): _____

5. Please complete this section for consideration relating to any Additional Incentives:

Please provide a description of any creative approaches to partnering with certified businesses (continue on additional pages as necessary): _____

Certification: I hereby certify under the pains and penalty of perjury that the information above is correct, to the best of my knowledge:

(Signature of Authorized Signatory of Bidder)

(Print Name)

(Title)

(Business Name)

(Date)
